

☐ Amended

-VS-

**Petition for Appointment of
An Attorney, Affidavit of
Indigency**

Case No. _____

UNDER OATH, I STATE THAT because of poverty, I am unable to pay for an attorney to represent me in this case.
I petition the court for appointment of an attorney.

☐ I applied for representation through the state public defender, but was found ineligible for their services.

Complete Section 1 if you receive aid from any of the programs listed.**If you do not receive aid, complete Section 2 only.****Section 1.**☐ I currently receive

- ☐ Supplemental security income. ☐ Relief funded under §59.53(21), Wis. Stats. ☐ Medical assistance.
☐ Food stamps/FoodShare. ☐ Relief funded under public assistance.
☐ Benefits for veterans under §45.40 (1m) or 38 USC 501-562.
☐ Legal representation from a civil legal services program or a volunteer attorney program based on indigency.

Name of program: _____

☐ Other means-tested public assistance: _____My financial situation ☐ has ☐ has not changed since I became eligible for this program.

**If you checked the "has" box, and such changes would make you ineligible for the program(s) if you
applied today, you must complete Section 2.**

Section 2.1. I ☐ am ☐ am not married.2. I ☐ am ☐ am not employed. Name of employer: _____3. I earn (gross pay) \$ _____ ☐ weekly. ☐ every 2 weeks. ☐ twice monthly. ☐ monthly.
My take-home pay (after taxes and deductions) is \$ _____ per pay period.

4. I receive gross monthly income totaling the amount of \$ _____ from

- ☐ Pension ☐ Social security ☐ Unemployment compensation
☐ Disability ☐ Student loans/grants ☐ Other: _____

5. I have the following cash assets:

- ☐ Savings accounts: \$ _____ ☐ Cash: \$ _____
☐ Checking accounts: \$ _____ ☐ Money owed me: \$ _____

6. I have the following other assets:

- ☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Household furnishings: \$ _____
☐ Vehicle-Yr./Make: _____ \$ _____ ☐ Equity in real estate: \$ _____
☐ Other individual assets valued over \$200 each: _____ \$ _____

7. My household consists of myself and _____ others:

Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No
Full name: _____	Relationship to me: _____	Under age 18 <input type="checkbox"/> Yes <input type="checkbox"/> No

8. The other members of my household have gross monthly income totaling the amount of \$ _____ from
- | | | | |
|---------------------------------------|---|--|---|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social security | <input type="checkbox"/> Relief funded under public assistance | <input type="checkbox"/> Food stamps/FoodShare |
| <input type="checkbox"/> Pension | <input type="checkbox"/> Student loans/grants | <input type="checkbox"/> Unemployment compensation | <input type="checkbox"/> Supplemental security income |
| <input type="checkbox"/> Disability | <input type="checkbox"/> Relief funded under §59.53(21), Wisconsin Statutes | <input type="checkbox"/> Support/maintenance | |
| <input type="checkbox"/> Other: _____ | | | |

9. I have the following debts:
- | | Amount | Monthly Payment |
|------------------|----------|-----------------|
| a. Mortgage/Rent | \$ _____ | _____ |
| b. Auto loan | \$ _____ | _____ |
| c. Credit cards | \$ _____ | _____ |
| d. Other: _____ | \$ _____ | _____ |
| _____ | \$ _____ | _____ |

10. I have the following unusual expenses, other than ordinary living expenses:
- _____
- _____
- _____
- _____
- _____
- _____

State of _____
 County of _____
 Subscribed and sworn to before me on _____

I understand that if my financial situation changes,
 I must notify the court immediately.

 Notary Public/Court Official

 Name Printed or Typed

My commission/term expires: _____

 Signature Date

 Print or Type Name Date of Birth

 Address Telephone Number